

INDIVIDUAL DISABILITY RATE REQUEST

Company \_\_\_\_\_

NAIC company number \_\_\_\_\_

NAIC group number \_\_\_\_\_

Form number \_\_\_\_\_

Type of policy or title \_\_\_\_\_

Original issue date \_\_\_\_\_

Original issue date in Michigan, if different \_\_\_\_\_

Current new issue status in Michigan:

Active \_\_\_\_\_

Inactive \_\_\_\_\_ Date Inactive \_\_\_\_\_

Permissible loss ratio as required by Administrative Rule R 500.803 (check one)

\_\_\_\_\_ 65% rated by age

\_\_\_\_\_ 60% collectively renewable or optionally renewable

\_\_\_\_\_ 55% guaranteed renewable or non-renewable for stated reasons only

\_\_\_\_\_ 50% non-cancellable, non-cancellable and guaranteed renewable, or accident only

\_\_\_\_\_ 55% all others

Anticipated loss ratio as required by Administrative Rule R 500.802(2)

\_\_\_\_\_

Requested rate change \_\_\_\_\_ %

Requested effective date for rate change \_\_\_\_\_

Describe briefly the reasons for the proposed rate change including any unique or unusual situations:

RATE CHANGES FROM INCEPTION

Effective Date

% Change